


FILED  
Jun 06, 2005 8:00 am  
Secretary of State

05-04-2005 90121 035 \*\*\*150.00

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P04000082693			
1. Entity Name BLISSFUL DAY SPA, INC.			
Principal Place of Business 23195 TANKERSLEY ROAD BROOKSVILLE, FL 34601		Mailing Address 23195 TANKERSLEY ROAD BROOKSVILLE, FL 34601	
2. Principal Place of Business Blissful Day SPA 23446 Links Drive etc.		3. Mailing Address 23446 Links Dr Suite, Apt. #, etc.	
City Brooksville FL		City & State Brooksville FL	
Zip 34601	Country USA	Zip 34601	Country USA
4. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALKER, JUSTINE 23195 TANKERSLEY ROAD BROOKSVILLE, FL 34601		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: Justin Walker President DATE: 4-28-05 (NOTE: Registered Agent signature required when resigning)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$250.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS TITLE NAME STREET ADDRESS CITY - ST - ZIP P WALKER, JUSTINE 23195 TANKERSLEY ROAD BROOKSVILLE, FL 34601		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
VP PIERMATTEO, JESSICA 23458 CROOM ROAD BROOKSVILLE, FL 34601		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Justin Walker JUSTINE WALKER		Date: 4-28-05 352 Daytime Phone: 799-6722	